

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		9					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15		/					65								
16		/					66								
17		/					67								
18	/						68								
19		2					69								
20		2					70								
21		2					71								
22		2					72								
23		3					73								
24	/	3					74								
25	/	2					75								
26		2					76								
27	/						77								
28		/					78								
29		/					79								
30		/					80								
31		/					81								
32		/					82								
33		10					83								
34		10					84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	35						TOTAL DEP.								
TOTAL CLAIMS	39						TOTAL CLAIMS								